MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02405 CERTIFICATE OF DEATH 02392 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH è 2b. HOUR and 2 death. within 24 hours after death. funero (Type or print) George Meade Barbehenn Sr 3 SEX 4 RACE S. DATE OF BIRTH IF LINDER 1 YEAR 6. AGE (in years IF LINDER 24 HRS lost birthdoy) HOURS ge white 4-20-14 male remave carbon popers Bec 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Calvert West Virginia U.S.A. WIDOWED | DIVORCED [completely filled, burial, cremotion, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR County Hospital Foreman life, even if retired.) dive street oddress) Silica Mining Prince Frederick 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE Marvland Calvert YES 🗀 NO T Dunkirk 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Lost puo Miller Mary Howard Paul Barbehenn physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 236-14-7814 June Whittington Dunkirk, Maryland 18. CAUSE OF DEATH (Enter only one couse per lime for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ! rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stoting the underlying couse allicer PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO [21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from Feb. 6, 1968, ta Feb. 11, 1968, that (1) saw the deceased glive an Feb. 11 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR PHYS. Feb. 12, 1968 PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Frederick. Maryland Osman Ersoy, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) (Stote) 23b. DATE Reb. 14,1968 So. Memorial Gardens Dunkirk Calvert Md. 250. RECT-BY REGISTRAR 1968b. RESTRACES SECURITY 24. FUNERAL DIRECTOR VR A15 (4) Homlowings, Maryland 30M REV. 1/68 neral DATE

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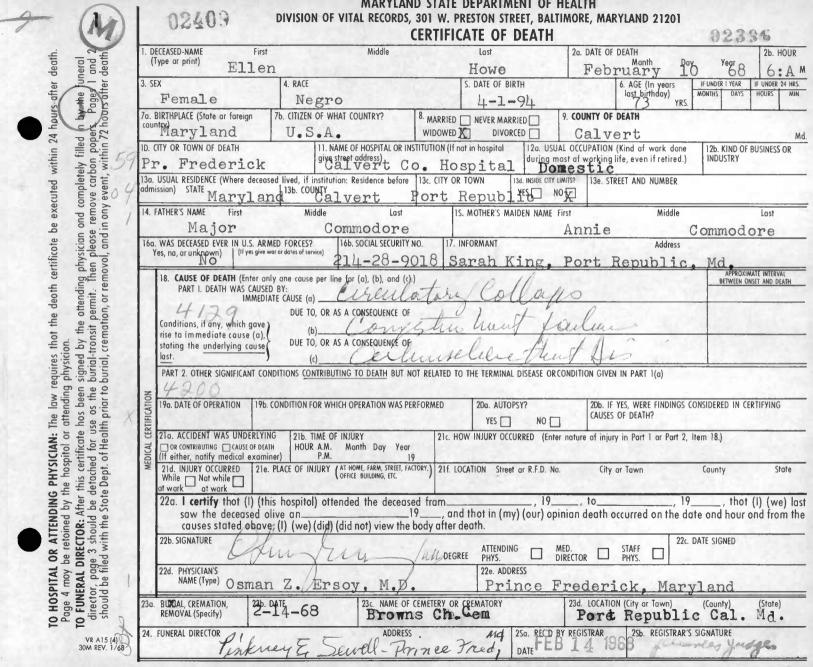
1 10	- 1		MARTLAND STATE DEPARTMENT OF HEALTH OF A CONTROL DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	27		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02333	
HEALTH DEPT.		1. D	ECEASED-NAME 1 First Matth 1 Lost 20 DATE KNOWN D Month Doy Years 25. H	HOUR
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be executed within 24 "pending" in pencil in nief Medical Examiner's ansit permit. File pages event within 72 haurs		100. (Y	WAS DECEASED EVER IN U.S. APPAID FORCES? 166. SOCIAL SECURITY NO. 13 TOPORMANT PETABORESS LICENSTRUCTURE 168. SOCIAL SECURITY NO. 17 TOPORMANT PETABORESS LICENSTRUCTURE 169. SOCIAL SECURITY NO. 17 TOPORMANT PETABORESS LICENSTRUCTURE 169. SOCIAL SECURITY NO. 18 TOPORMANT PETABORESS LICENSTRUCTURE 18 TOPORMANT PETABORESS LICENSTRUCTURE 18 TOPORMANT PETABORESS LICENSTRUCTURE 18 TOPORMANT LICENSTRUCTURE 18 T	1,1)
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fice fice I be Id I			210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)	1
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7 01 - 6			22a. I certify that I took charge of the remains described above, held an Autopsy , Inspectian , Inquiry , and in my opi	inian
4 % - 5 -			death resulted fram: Natural capses Accident , Suicide , Hamicide , Undetermined manner	
please direct retaine DIREC		8	ACTUAL # 11 14 22 CHIEF MEDICAL EXAMINER 1 225 DATE SIGNED	_
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necessary, please the funeral directal 5 may be retained for FUNERAL DIRECT Health priar to bu	2		NAME (Type) H. W. WARD ADDRESS(Street, city, town, or county)	
10 10 10 10 10 10 10 10		230		
		2A	FUNERAL DIRECTOR 2/6/68 ARLINGTON NAT CEM ARLINGTON VA	
VR A15ME (5)		lu	a. Chambers Co Silver Strong and DATEB 8 1968 Cleanles Judge	

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	MAKTLAND STATE DEPARTMENT OF HEALTH OF A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02335
Т.	1. DECEASED NAME First Middle Last 2a. DATE KNOWN Month Doy	Year 2b. HOUR
-9	(Type or Print) MICHAEL JOHN ENGLE	18/8/115A
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
	Male White Feb. 12,1900 68 yrs.	ear 19 68 1/154
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	Country) Penn. USA WIDOWED & DIVORCED Calvert	M
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of working life, even if retired.)	IND OF BUSINESS OR
-	North Beach Policeman D.	C. Gov't
1	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland 13b. COUNTY North Beach YES NO X Bay Avenue	
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T	TS1.	Lost
i	John Engle Elizabeth K 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	arahuta
I	(Yes, ng, or unknown) (If yes give war or dottes of service) 607 West Mahanov	Street
F	18 CALISE OF DEATH (Enter only one rouse per line for (a)/16) and (c)	APPROXIMATE INTERVAL
T	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) Introduction tody Charled	ETWEEN ONSET AND DEATH
1	DUE TO, OR/AS/A CONSEQUENCE OF	
	Conditions, if ony, which gave) (b) Louise a full	
8	rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	lost. 9/60 (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1	3 House caught africe	
	190. DATÉ OF OPERATION 19b. CONDITION 19b. CONDITION 2	20. AUTOPSY?
1 1 1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part. 1 or Part 2 I term 48)	YES NO
		VALUE S
0.00	PRIMARY OR CONTRIBUTING HOUR A.M. 2/2 6 19 68 House County of County Cou	State
	WHILE AT WORK	1110
		and in my apinian
	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226, DATE SIGNED	110/
	EXAMINER'S DEPUTY MEDICAL EXAMINER 2 /3 /	1/68
L	NAME (Type) H. W. Ward ADDRESS(Street, city, town, or county)	
1	23a. BURIAL, CREMATION, PRINCIPLE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County of County	y) (State)
	OA BINIFPAN BINIFFAN	D. C.
	24. TUNERAL DIRECTOR. ADDRESS 250. REC'D BY REGISTRAP'S SIGNATION OF THE PROPERTY ADDRESS 250 APRIL 250. REC'D BY REGISTRAP'S SIGNATION OF THE PROPERTY ADDRESS 250 APRIL 250. REC'D BY REGISTRAP 3 SIGNATION OF THE PROPERTY ADDRESS 250 APRIL 250 AP	RE CONTROL
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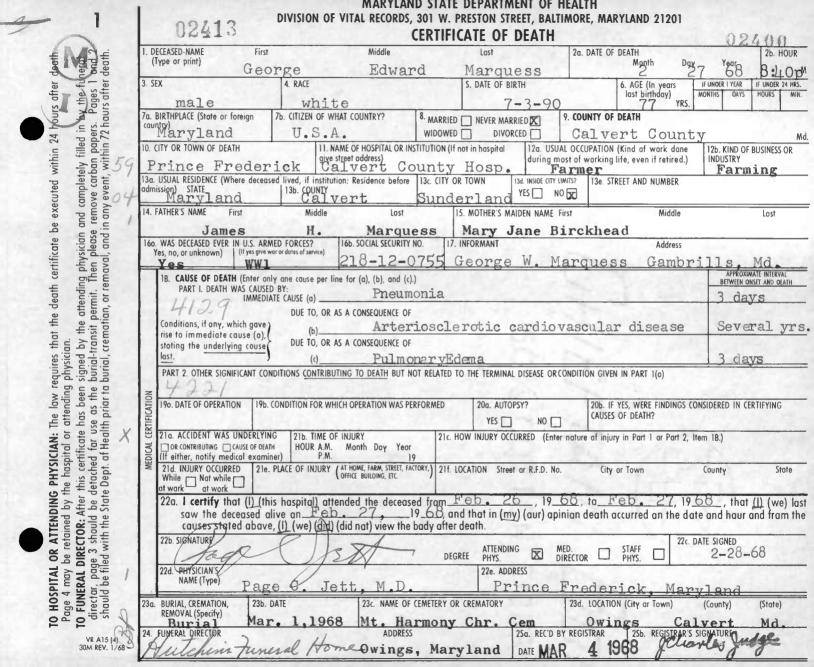
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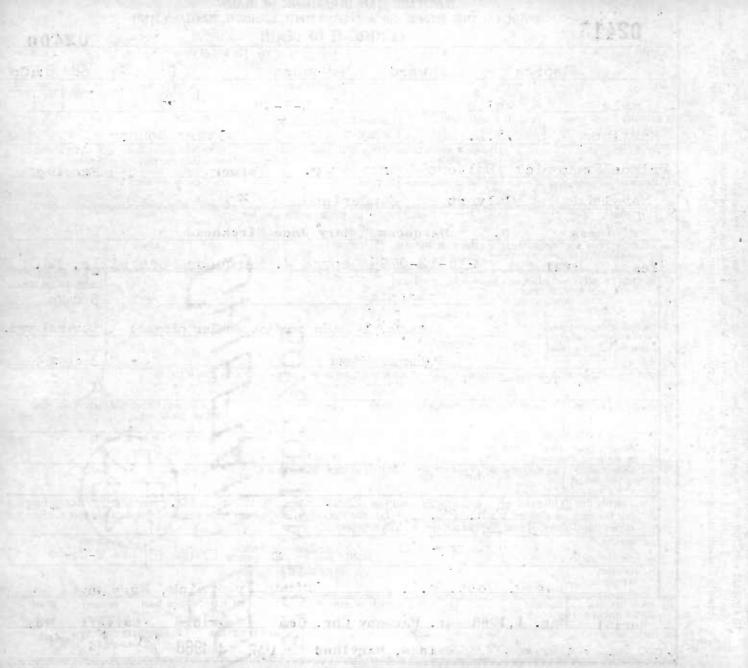
1		00/10		D STATE DEPARTMENT OF 301 W. PRESTON STREET, BA				
VI)		02410 P		ERTIFICATE OF DEATH		02397		
		CEASED-NAME First ype or print) Martha	Middle Hutchins	Jefferson	20. DATE OF DEATH February 107	Yea 8:30		
	3. SE	x Female	4. RACE Negro	S. DATE OF BIRTH 2-22-75	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN.		
	7a. E	BIRTHPLACE (State or foreign 7b	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED X DIVORCED	9. COUNTY OF DEATH Calvert	M		
59		TY OR TOWN OF DEATH Frederick	11. NAME OF HOSPITAL OR INS	during	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY		
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1	14. [ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAM		Last		
	16a.	John WAS DECEASED EVER IN U.S. ARMED es, na, or unknown) (If yes give war o	datas of consist	O. 17. INFORMANT	usella Address Janey, Lusby,	? Marvland		
		PART I. DEATH WAS CAUSED B IMMEDIATE Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause	one cause per line far (a), (b), and (c).) Y:		ilans can	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
X	CERTIFICATION	4201	(c) TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OF THE TERMINAL DISEA	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING		
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PU	21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19 ACE OF INJURY (AT HOME, FARM, STREET, FAC	21c. HOW INJURY OCCURRED (E	nter nature af injury in Part 1 ar Part 2, No. City or Town	Item 18.) Caunty State		
		While Not while at wark 22a. I certify that (I) (this saw the deceased alive couses stated above.	hospitol) attended the decease	d from, 19	ppinion deoth occurred an the do	, that (I) (we) las		
1		22d. PHYSICIAN'S NAME (Type) Roberto	Millaul o de Villarreg		onards, Marylan	date signed -17-68		
)	23a.	BUNIAL, CREMATION, REMOVAL (Specify) 23b, DAT	21-68 23c NAME OF C	emetery or crematory on CH. Cem.	23d. LOCATION (City or Town) Lusby— C	(Caunty) (State)		
3	24.	FUNERAL DIRECTOR PANDAGE E 5	sevel France 30		D BY REGISTRAR 2Sb. REGISTRAR'S			

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	100	12412 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	02399
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Po Po Po	3. SE	4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
orto de		Dept 28 89 78 YRS. Month 2 Doy 2 7	7 Year 1968 10204
Depart	7o. 6	SIRTHPLAGE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
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	14. F	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First 94001	Lost
		NAS DECEASED EVER IN U.S. ARMED FORCES? es no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17, INFORMANT LGHCL LYBYS, HANTINGT	ony Md
xecuted wir Iding" in pe Medicol Exar permit. File t within 72	8	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (q).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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3 + s e	M	21d. INJURY OCCURRED 21e. PLACE/OF/INJURY (At home, form, street, foctory, office beilding, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
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o DEPUTY JOICAL B necessory, pleose exect the funeral directar. Po 5 may be retoined for 0 FUNERAL DIRECTOR: Heolth prior to buriol.		NAME (Type) ADDRESS(Street, city, town, or county)	
necesso the fun 5 may 70 FUNE Heolth	23o.	BURIAL CREMATION, 23b. DATE A 23c. NAME OF CEMETERY OR CREMATORY 23d HOLATION (City or Town)	County) (Stote)
		Penoval (Specify) March 1, 1968 all Saints Cem Sunderland Car	rut md
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	0 0 0
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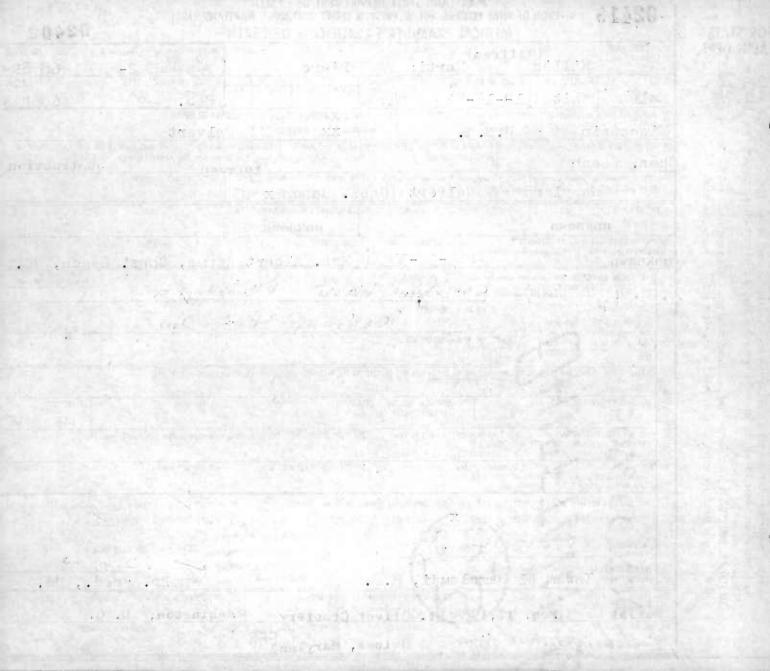




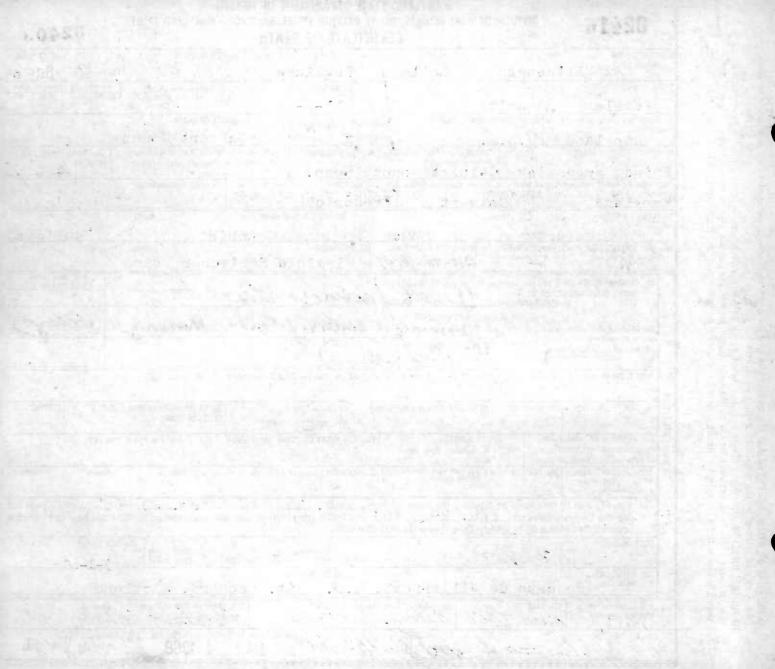
MARYLAND STATE DEPARTMENT OF HEALTH 02414 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02401 CERTIFICATE OF DEATH Middle Lost 2o. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First 24 hours after death. **FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled invely the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban pagers. Edges 1 and 2 shauld be filed with the State Dept. af Health priar ta burial, crematian, or remaval, and in any event, within 72 trauss after depth. (Type or print) Month Martin Edmund John 4. RACE 5. DATE OF BIRTH 6. AGE (In years 1F LINDER 1 YEAR IF UNDER 24 HRS. 3. SEX lost birthdoy) DAYS HOURS White 6-12-93 male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countryland U.S.A. WIDOWED | DIVORCED [Calvert 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress)
Calvert County Hosp. INDUSTRY Steamfitters during most of working life, even if retired.) Business Manager Prince Frederick 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland Calvert YES NO X Lusby 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle First Mary Mullen Ann Martin Alovisis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 578-01-7581 Mitzie Martin same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Metastatic - Carcinoma of Colon vears IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OR ATTENDING PHYSICIAN: The law 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [NO T 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Doy Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from Jan. 17, 19 68 to Feb. 12, 19 68, that (I) (we) last sow the deceased alive on Feb. 12 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (old not) view the body after death. 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. X 2-12-68 DEGREE PHYS acting for 22d. PHYSICIANS NAME (Type) 22e. ADDRESS Prince Frederick. Maryland Page C. Jett. M.D. 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, (County) BILT 2 21 2-14-68 Gate of Heaven Cem. Silver Spring, Md. 2 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Lee Funeral Home Washington, D.C. DATEFEB 1968 30M REV. 1/68

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	MEDICAL	PRIMARY OR CAUSE OF DEATH	CONTRIBUTING [HOUR A.	M.	19						,		
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10 A35145 (5)	24.	FINERAL DIRECTO	8	/	/	ADDRESS		250. REC'I	BY REGIS	TRAR	2Sb. REGISTRAF	S SIGNATU	RE	
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MARYLAND STATE DEPARTMENT OF HEALTH 02416 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02403 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR aurs after death uneral and (Type or print) Month Elizabeth Leila Rawlings signed by the attending physician and campletely filled in by the fur burial-transit permit. Then please remove carban papers. Pages I burial, cremation, ar removal, and in any event, within 72 haurs after 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF LINDER 24 HRS. lost_birthdoy) NONTHS ! DAYS HOURS female white 11-2-85 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED TO DIVORCED Calvert County Maryland within 24, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Calvert during mast of working life, even if retired.) INDUSTRY County Hosp. Prince Frederick 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN requires that the death certificate be executed 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER rince Frederick odmission) STATE Maryland YES NO TX vert 14. FATHER'S NAME First Middle Last IS, MOTHER'S MAIDEN NAME First Middle Reverdy Bowen Annie Rawlings 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknawn) 217-56-Virginia Scrivener same APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause una Mierre PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law Page 4 may be retained by the haspital or attendin 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while of work 220. I certify that (1) (this hospital) attended the deceased from Feb. 21, 1968, to Feb. 29, 1968, that (1) (we) last saw the deceased alive on Feb. 29 1968, and that in (my) (our) opinion death accurred on the date and hour and from the 1968, and that in (my) (our) opinian death accurred on the date and hour and fram the causes stated above, (1) (we) (did) (did not) view the bady after death. 225. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF X DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Roberto de Villarreal St. Leonard, Maryland 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMAJORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) ashery Captures. alirce 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNA 25b. VR AT5 (4) 1968 MAR 30M REV. 1/68_



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 02404 DECEASED-NAME First Middle tast 2g. DATE OF DEATH 2b. HOUR (Type ar print) Year Llovd Garrison Stead 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF UNDER 24 HRS last birthday) HOURS 3-8-81 white male YRS. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED [Calvert County Michigan 24 burial, cremation, or removal, and in ony event, within 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address)
Calvert during most of working life, even if retired.)
Retired US Gowernment remove corbon Prince Frederick County Hosp. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 213c 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admissian) STATE Maryland Calvert NO 3 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle William Stead Lillie Wright 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) 220-44-0236 Pat Waldron Chesapeake Beach, no 18. CAUSE OF DEATH (Enter anly one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH signed by the burial-transit p Conditions, if ony, which gave) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or ottending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been directar, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased from 2/2 , 1968, ta 2/2 , 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (wa) (did nat) view the bady after death. 22b. SIGNAT 22c. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 2-26-68 DEGREE 22d. PHYSICIA'S NAME (Type) 22e. ADDRESS Prince Frederick, Md. 20678 Page Jett M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Begilin) i a 22-29-68 Mt. Olivet Washington, D. C. 2 ADDRESS 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 1968 Francis J/ 14th Stn

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0 -1	MARYLAND STATE DEPARTMENT OF HEALTH	
7	02418 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2465
HEALTH DEPT.	1. DECEASED-NAME First Middle White 2a. DATE KNOWN Month Day OF ESTI-DEATH MATED 225	Yeor 2b. HOUR
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executed wit nding" in pe Medical Exar permit. File nt within 72	18. CAUSE OF DEATH (Enter anly one cause per line) for (o), (b), and (f). PART 1. DEATH WAS CAUSED BY:	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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9 ± + ± 0	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION CIVEN IN PART 1(a)	
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is certificate te, writing the forwarded to be used as a removal, and		. AUTOPSY?
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ICAL EXAMINER: e execute the cert for. Poge 4 should ed for your files. CTOR: Page 3 shou buriol, cremotion,	21d. INJURY OCCURRED 21e. PLACE OF TRJURY (Axhame, form, street, WHILE AT WORK AT	A Will
Pog for y	22a. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry, or	nd in my opinion
ICA e ex ed ted icTC	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner	
directed directed directed birected bir	CHIEF MEDICAL EXAMINER	
ry, pleosory, pl	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED	110
	DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	68
O DEPU necessa the fun 5 may O FUNE Health	NAME (Type) ADDRESS(Street, city, town, or county)	U
70 5 + + 6 + 6 + 6 + 6 + 6 + 6 + 6 + 6 + 6	23a. BUMAL, CREMATION, REMOVAL (Specify) 23b. Date 23c. NAME OF CEMETERY OR CREMATORY Carrlls Ch. Cem 23d. 10CATION (City or Town) (County) Barstow Cal. Co.	
2	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATULE	
VR A15ME (5)	Penkney E, Seevel Tour Fred, Md DATE FEB 27 1968 June	00

